2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000002729

Entity Name: PARADISE QUILTERS GUILD INC.

Current Principal Place of Business:

31364 AVENUE G
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

P O BOX 430115
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-1004342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JARZOMBEK, JOANNE
31364 AVE G
BIG PINE KEY, FL 77399 US

Name and Address of New Registered Agent:

JARZOMBEK, JOANNE
31364 AVE G
BIG PINE KEY, FL 33043 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: POWELL, SALLY
Address: 701 SPANISH MAIN #428
City-St-Zip: CUDJOE KEY, FL 33042

Title: PD ( ) Delete
Name: QUIRK, MARY
Address: 22872 JOHN SILVIA LN
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TD (X) Delete
Name: JARZOMBEK, JOANNE
Address: 31364 AVE G
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: QUIRK, MARY
Address: 22872 JOHN SILVER LANE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TR (X) Change ( ) Addition
Name: JARZOMBEK, JOANNE
Address: 31364 AVENUE G
City-St-Zip: BIG PINE KEY, FL 33043

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE JARZOMBEK TR 03/24/2009
Electronic Signature of Signing Officer or Director — Date